



Do you regularly attend 2 or more services a month at Gateway? **Yes** **No**  
In a brief paragraph, please describe what your faith means to you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINISTRY QUESTIONNAIRE**

Describe why you would like to be part of the Children's Ministry Team. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What strengths or assets would you bring to the Children's Ministry Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas of concern do you have in working with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you see yourself as a team player? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the area of ministry in which you would like to serve (even if you don't have any experience!) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES & DECLARATION**

**Please provide the names of two individuals who could provide a reference for you.**

Name	Mailing Address	Phone
_____	_____	_____
_____	_____	_____

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge. I have read, understand and agree to abide by and adhere to Gateway Church's Child Protection Policy.

\_\_\_\_\_  
*Name of Applicant (please print)*

\_\_\_\_\_  
*Name of Parent or Guardian (please print)*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*